

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 0 4

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(A)(ii)(XXIII) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ 329

b. FFY 01 \$ 405

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23a;
Attachment 2.6-A, pages 2, 12b, 12c, and 20a;
Supplement 8a to Attachment 2.6-A;
Supplement 8b to Attachment 2.6-A, page 49. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.2-A, page 23a; (MS-92-11);
Attachment 2.6-A, page 2 (MS-97-32),
page 12b (MS-92-11) and
page 20a (MS-98-36)
Supplement 8a to Attachment 2.6-A
(MS-98-10)

10. SUBJECT OF AMENDMENT:

Addition of new coverage group for working disabled people.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

March 29, 2000

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building, 5th Floor
Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/31/00

18. DATE APPROVED:

FEB 27 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAR 01 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Jackie Blazie Box

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

Rasmussen
CO
Headlee
Rasmussen

SPA CONTROL

Date Submitted 03/29/00

Date Received 03/31/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

Citations	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> month.
1902 (a) (10) (F) and 1902 (u) (1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the state determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.
1902(a)(10)(A)(ii)(XIII) of the Act	20. Individuals who: <ul style="list-style-type: none"> ♦ Would be considered disabled disregarding substantial gainful activity; ♦ Have countable family income that is less than 250 per cent of the Federal poverty level for the family size; ♦ Have earned income from employment or self-employment, (or were receiving assistance under this coverage group but either became unable to work due to a change in medical condition or lost employment within the last six months and intend to return to work); ♦ Would be eligible for SSI with the income and resource disregards provided in Supplement 8a to Attachment 2.6-A, page 1 and Supplement 8b to Attachment 2.6-A, page 3 (and disregarding substantial gainful activity in determining disability); and ♦ Pay any premium assessed based on income pursuant to Attachment 2.6-A, page 12b.

TN No. MS-00-4 substitute page
Supersedes
TN No. MS-92-11

Approval Date FEB 27 2001 Effective Date MAR 01 2001

Citation	Condition or Requirement
	b. For the medically needy, meets the nonfinancial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the nonfinancial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the nonfinancial criteria of section 1905(a).
1905(p)(3)(A)(ii) of the Act	e. For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, meets the nonfinancial criteria of section 1905(p)(3)(A)(ii).
1902(a)(10)(A)(i)(II) of the Act	f. For children being paid SSI benefits as of August 22, 1996, who would continue to be paid SSI but for the enactment of Section 211(a) of P.L. 104-193.
1902(a)(10)(A)(ii)(XIII) of the Act.	g. For the financially eligible working disabled covered under 1902(a)(10) A)(ii)(XIII), who meets the nonfinancial criteria for the SSI program.
42 CFR 435.402	3. Is residing in the United States and-- <ul style="list-style-type: none"> a. Is a citizen. b. Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996. <u>/X/</u> Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996.

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Supersedes

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TN No. MS-97-32

State: Iowa

Citation	Condition or Requirement
1902(u) of the Act	<p>h. <u>COBRA Continuation Beneficiaries</u></p> <p>In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <p><u> </u> The disregards of the SSI program.</p> <p><u> </u> The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p>Note: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in Section 1612 (b) (u)(4)(B)(ii).</p>
1902(a)(10)(A)(ii) (XIII) of the Act.	<p>i. <u>Working Disabled Who Buy in to Medicaid.</u></p> <p>In determining countable income for working disabled individuals who buy into Medicaid, the following methodologies are applied:</p> <p><u> </u> The methodologies of the SSI program.</p> <p><u> </u> The agency uses methodologies for treatment of income more restrictive than the SSI program.</p> <p><u> X </u> The agency uses methodologies for treatment of income more liberal than the SSI program. These more liberal methodologies are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><u> X </u> The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges and how they are applied, are described below:</p>

TN No. MS-00-4
 Supersedes
 TN No. MS-92-11

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State: Iowa

Citation	Condition or Requirement
	<p>The definition of "family" for purposes of the 250% family income eligibility test includes:</p> <ul style="list-style-type: none"> ◆ For disabled individuals under 18 and unmarried: the individual, parents living with the individual, unmarried siblings under 18 living with the individual, and children of the individual who live with the individual. ◆ For disabled individuals 18 or older or married: the individual, the individual's spouse living with the individual, and any unmarried children under 18 who are living with the individual. <p>In comparing family income to 250%, SSI income disregards and exemptions are applied.</p> <p>Premiums apply to recipients who have individual gross income greater than 150% of the federal poverty level. The premium amount is a sliding scale based on an average state employee premium amount.</p> <p>Premiums begin at \$20 and increase in 10 increments up to the maximum amount of \$201. The maximum premium amount is charged when the average premium amount is equal to 7.5% of the disabled individual's gross income. No cost-sharing charges apply.</p>

TN No. MS-00- substitute page
Supersedes
TN No. MS-00-4 substitute page

Approval Date FEB 2 2001 Effective Date MAR 01 2000

State: Iowa

Citation	Condition or Requirement
1902(a)(10)(E)(iii) of the Act	<p>k. <u>Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--.</u></p> <p>The agency uses the same method as in 5.h. of <u>Attachment 2.6-A.</u></p>
1902(a)(10)(A)(ii) (XIII) of the Act	<p>l. <u>Working disabled individuals who buy in to Medicaid.</u></p> <p>In determining countable resources for working disabled individuals who buy into Medicaid, the following methodologies are applied:</p> <p>_____ The methodologies of the SSI program.</p> <p>_____ More restrictive methodologies for treatment of resources than the SSI program.</p> <p><u>X</u> More liberal resource methodologies than the SSI program. These methodologies are described in Supplement 8b to ATTACHMENT 2.6.A.</p>

6. Resource Standard – Categorically Needy

- a. 1902(f) states (except as specified under items 6.c. and d. below) for aged, blind, and disabled individuals:

_____ Same as SSI resource standards.

_____ More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) states (except as specified under items 6.c. and d. below).

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) states the categorically needy resource levels for all covered categorically needy groups.

TN No. MS-00-4
Supersedes
TN No. MS-98-36

Approval Date FEB 27 2001 Effective Date

Substitute per letter dated 8/31/00 "

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 8a TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

 Section 1902(f) State X Non-Section 1902(f) State

- A. In determining eligibility for children under Sections 1902(a)(10)(i)(VII) and 1902(l)(1)(D) of the Act (children who have attained age 6 but have not attained age 19), an additional amount equal to 33 percent of the Federal poverty level for the family size involved is deducted from the income remaining after the deductions, diversions, and disregards specified in Item C.1. of ATTACHMENT 2.6-A are applied.
- B. In determining eligibility for disabled individuals under Section 1902(a)(10)(A)(ii)(XIII) of the Act, if the 250% family income eligibility test is met, all income of the disabled individual is disregarded.

* More liberal methods may not result in exceeding gross income limits under Section 1903(f).

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Supersedes

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TN No. MS-98-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

E. The following resources are disregarded for disabled individuals under Section 1902(a)(10)(A)(ii)(XIII) of the Act:

- ♦ \$10,000 worth of resources.

In addition to the above, the following when applicable:

- ♦ Pension or retirement funds or accounts authorized under federal law and retirement plans established pursuant to a "qualified domestic relations order" as defined by federal law (26 U.S.C. § 414).
- ♦ Accounts set aside for assistive technology services or devices which can reasonably be expected to enhance the individual's employment when the usefulness for such technology has been verified by a physician, certified vocational rehabilitation counselor, licensed physical therapist, licensed speech therapist, or licensed occupational therapist.
- ♦ Medical savings accounts exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. § 220).

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Approval Date 7/27/00 Effective Date 8/1/00

TN No. None